

Naval Medical Center San Diego  
Operational Support Office  
Annual Training Information Sheet

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**Member Information**

**Last Name:**

**First Name:**

**Rank:**

**NOB/NEC:**

**SSP (Subspecialty code):**

**SSN:**

**Email Address:**

**Home Phone Number:**

**Work Phone Number:**

**Cell Phone Number:**

**Current Home Address: (For FITREPS & EVALS):**

**What Command did you support on your last two AT's:**

**Your Gaining Command:**

**You belong to OHSU \_\_\_\_\_ Detachment: \_\_\_\_\_:**

**Training Officer Information:**

**Name of your Training Officer:**

**Training Officer's Email Address:**

**Training Officer's Phone Number:**

If Naval Medical Center San Diego is not your gaining command, your OSO must contact us @ 619-532-9775, or via email: [mjsuarez@nmcsd.med.navy.mil](mailto:mjsuarez@nmcsd.med.navy.mil) to authorize your release to do your Annual Training at NMCSO.

**MEDRUPMIS Billet Line Number Desired (If you do not have access to MEDRUMIS please list where you want to work and dates available)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Provide your first three choices in order of priority. Every attempt to match you to your first choice will be made.

BCN's can not be issued until all the above information has been received by our office. All BCN's will be issued via email with the BLN and Start Date. All Training Officers will be CC'd on the email. No BCN's will be issued over the phone.

If you need to cancel your AT for any reason, please contact our office @ 619-532-9775 ASAP.

This document may contain information covered under the Privacy Act, 5 USC 552(a), Health Insurance Portability and Accountability Act, Public Law 104-191, and DoD Directive 6025.18. It must be protected in accordance with those provisions.

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BLN Member was matched to: \_\_\_\_\_

Date Email was sent to Member and TO: \_\_\_\_\_

Matched By: \_\_\_\_\_